MAIL TO: ECI GUNTER AFB AL 36118-5643 • SEE Note 1 below

١.	THIS REQUEST CONCERNS COURSE NO.	2. TODAY'S DATE	3. ENROLLMENT	DATE 4. DSN PHONE NUMBER	
,	5. SOCIAL SECURITY NUMBER (SSN)	6. GRADE / RANK	7. NAME (Last name)	First Name	MI
Э.	▶ 8. ADDRESS NOTE OJT Enrollees Enter address of of ALL OTHERS Enter current mail ▶ TYPE ADDRESS RE NAME STREET / UNIT TRAINING OFFICE CITY / BASE, STATE, ZIP CODE	: unit training office with ing address with zip cod	zip code. de.		
	. TEST CONTROL OFFICE ZIP CODE / SHRED	·			
10.	TEST CONTROL OFFICE ZIP CODE / SHRED				
11. REQUEST FOR MATERIALS, RECORDS, OR SERVICE					
X Place an "X" through number in box to left of service requested.					
1	Request address change as indicated in item 8 above. See Note 1.				
2	Request Test Control Office change as indicated in Item 10 above. See Note 1.				
3 Extend course completion date. (Justify in "Remarks" on reverse.) See Note 1.					
4	4 Request enrollment cancellation. Confirmation required. See Note 1.				
Send course exam. 5 Automatic request on (date). Answer sheet request on (date). See Note 1.					
Request name change / correction to that as shown in Item 7 above. (Provide old or incorrect data here.)					
7 Send course materials. (Specify in "Remarks" on reverse.) Not received Lost Damaged					
8 Correct SSN (List incorrect SSN here.) (Correct SSN should be shown in Item 5 above.)					
9 Request Grade / Rank change / correction.					
0	CE results not received. Answer sheet submitted to ECI on (date).				
	Give instructional assistance as requested on reverse.				
1	Other (Explain fully in "Remarks" on reverse.)				
1	NOTE 1. Submit this form for auto	omatic transmittal to ECI ij	f capability is available		
2	<u> </u>		/ certin	fy that the information on this form is QUEST CANNOT BE ANSWERED	

ECI FORM 17, 19990301 (EF-V1) PREVIOUS EDITIONS ARE OBSOLETE

STUDENT REQUEST FOR ASSISTANCE

DO NOT REMOVE THIS FORM FROM THE PAMPHLET.MAKE A COPY. SEE NEXT PAGE FOR THE REVERSE SIDE OF THIS FORM.

REQUEST FOR INSTRUCTOR ASSISTANCE NOTE: Questions or comments relating to the accuracy or currency of subject matter should be forwarded directly to preparing agency. For an immediate response to these questions, call or write the course author directly, using the DSN number or address in the preface of each volume. All other inquiries concerning the course should be forwarded to ECI.						
						URE/CE ITEM QUESTIONED:
COURSE NO						
VOLUME NO						
URE FORM NO						
CE FORM NO						
QUESTION NUMBER						
ANSWER YOU CHOSE						
(Letter)						
HAS CE ANSWER SHEET BEEN						
SUBMITTED FOR GRADING?						
YES NO						
REFERENCE						
(Textural reference for the answer I chose can be found as shown below.)						
IN VOLUME NO						
ON PAGE NO						
IN LEFT RIGHT COLUMN LINES THROUGH	·					
REMARKS						
* .						
PRIVACY ACT STATEMENT						
AUTHORITY: 10 U.S.C. 8012. PRINCIPAL PURPOSE: To provide assistance as requested by individual students. ROUTINE USES: This form is shipped with ECI course packages and used by the student, as needed, to place an inquiry with ECI. DISCLOSURE: Voluntary. Requested information is needed for expeditious handling of the student's inquiry. Failure to provide all information would result in slower action or inability to provide assistance to the student.						
ADDITIONAL FORMS 17 are available from trainers, OJT and Education Offices, ECI/DMS, and Internet. Course workbooks have a Form 17 printed on the last page.						

ECI FORM 17, 19990301 (Reverse) (EF-V1)

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